



Planning, Zoning and Building  
12794 W Forest Hill Blvd. Suite 23  
Wellington FL 33414  
Phone: (561) 753-2430 \* Fax: (561) 753 2428

**CONDITIONAL CERTIFICATE OF OCCUPANCY AGREEMENT**

**APPLICATION DATE:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**JOB ADDRESS:** \_\_\_\_\_

**PERMIT DESCRIPTION:** \_\_\_\_\_

The component specified below will be completed by \_\_\_\_\_. (Also state reason)  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT AND AGREEMENT:**

The Final Certificate of Occupancy will be issued contingent upon the completion of the above-indicated components for the reason stated. This agreement to complete the above items by the date indicated is binding to any successors, assignees or me. As witnessed by my signature, I, my successors or assignees who take possession of said property prior to the completion of the above components, hereby agree to abide by all the terms and conditions of this agreement. I, my successors or assignees who take possession of said property do further agree to permit Wellington to take appropriate action, including revoking the Certificate of Occupancy and having the power disconnected for any violation of this agreement



I, my successors or assignees will at all times assume all risks and further will protect, defend, reimburse, indemnify and hold Wellington, its' agents, employees and elected officers and each of them free and harmless at all times from and against any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, attorney's fees, cost and expenses of whatever kind or nature whether arising in any manner directly or indirectly cause, occasioned or contributed to in whole or in part, by reason of the exercise or attempted exercise of this agreement. The aforesaid indemnity and hold harmless obligations or portions of application thereof, shall apply to the fullest extent permitted by law. The above provisions shall be fully applicable to and include any damage my successors, my assignees or I may incur due to the disconnection of electrical power or any other action Wellington takes as a result of this agreement.

\_\_\_\_\_  
OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTH. FIRE DEPT. PERSONNEL DATE

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Person Acknowledging

Who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not  
take an oath. Type of ID

\_\_\_\_\_  
Signature of person taking acknowledgment

SEAL

\_\_\_\_\_  
CONTRACTOR

\_\_\_\_\_  
DATE

STATE OF FLORIDA  
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of Person Acknowledging

Who is personally known to me or who has produced \_\_\_\_\_ as identification and who did/did not  
take an oath. Type of ID

\_\_\_\_\_  
Signature of person taking acknowledgment

\_\_\_\_\_  
AUTHORIZED DIVISION PERSONNEL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTH. FIRE DEPT. PERSONNEL

\_\_\_\_\_  
DATE



**CONDITIONAL CERTIFICATE OF OCCUPANCY**

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT # \_\_\_\_\_ PROJECT \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_

**TO BE SIGNED BY THE INSPECTORS PERFORMING THE FINAL INSPECTIONS. I HAVE  
INSPECTED THE PROJECT ABOVE AND TO THE BEST OF MY KNOWLEDGE ALL LIFE SAFETY  
CONCERNS WERE ADDRESSED AT THE TIME OF THAT INSPECTION.**

BUILDING INSPECTOR: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

ELECTRICAL INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PLUMBING INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

MECHANICAL INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

ENGINEERING INSPECTOR \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_